

AUG 30 1943 1818
Registration District No.

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3841 Holly Hills Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 81 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Amelia Niehaus

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife William Niehaus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 18, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Niehaus

13. Birthplace Bermsouth
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Weikamp

15. Birthplace Bermsouth
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Wm. Niehaus
(b) Address 3841 Holly Hills

17. (a) Burial (b) Date thereof August 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) AUG 21 1943 (b) J. F. Bredeck
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3841 Holly Hills Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-18
1937 to 8-19, 1943;
that I last saw her alive on 8-19, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 2 yrs.
Senility 9 yrs.

Due to _____

Due to _____

Other conditions: Senile dementia 3 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Eugene H. Edele (M. D. or other) M.D.
Address 3019 So. Jefferson Date signed 8-19-43

Dr. Eugene Eble
3019 So. Jefferson

2-3
7-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Matthew S. M. Gibson

Registered Apprentice No. *3572*

working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. *2737*

P. O. Address. *1926 St. Francis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.